

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA
FORM **460**

Date Stamp

City Clerk's Office

OCT 27 2016

RECEIVED

Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from SEP 25, 2016
through OCT 22, 2016

Date of election if applicable:
(Month, Day, Year)
Nov 8, 2016

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1384706

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Evelyn Chua for City Council 2016

STREET ADDRESS (NO P.O. BOX)

929 Coventry Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408.728.2436

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

chua4evelyn@gmail.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreto

MAILING ADDRESS

782 Canada Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408.946.6438

NAME OF ASSISTANT TREASURER, IF ANY

not applicable

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreto@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 26 Oct 2016
Date

Executed on 26 OCT 2016
Date

Executed on _____
Date

Executed on _____
Date

By Arsenio R Iloreto
Signature of Treasurer or Assistant Treasurer

By Evelyn Chua
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

EVELYN CHUA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL, CITY OF MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

929 COVENTRY WAY MILPITAS CA 95035

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

not applicable

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

not applicable

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

not applicable

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement

Summary Page

SUMMARY PAGE

Statement covers period from SEP 25, 2016 through OCT 22, 2016	CALIFORNIA FORM Page <u>3</u> of <u>7</u>	460
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NAME OF FILER
EVELYN CHUA FOR CITY COUNCIL 2016

I.D. NUMBER
FPPC # 1384706

Contributions received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$120.00	\$4,945.00	
2. Loans received..... <i>Schedule B, Line 3</i>	\$6,000.00	\$13,000.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$6,120.00	\$17,945.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED.... <i>Add Lines 3 + 4</i>	\$6,120.00	\$17,945.00	
Expenditures made			Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$7,056.85	\$17,348.88	
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$7,056.85	\$17,348.88	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$7,056.85	\$17,348.88	
Current Cash Statement			
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$1,650.47		
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$6,120.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$7,056.85		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$713.62		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$13,000.00		

To calculate Column B, add
amounts in column A to the
corresponding amounts from
column B of your last report.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from SEP 25, 2016
through OCT 22, 2016

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER

1384706

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/29/2016	Dana Reyes 2838 Monte Cresta Way San Jose CA 95132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self-employed; Tutorial Center, Santa Clara	100	100	100
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 100
- Amount received this period – unitemized monetary contributions of less than \$100\$ 20
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ 120

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>SEP 25, 2016</u> through <u>OCT 22, 2016</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER

1384706

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Evelyn Chua 929 Coventry Way Milpitas CA 95035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations analyst Silicon Valley Bank	\$ 7,000	\$ 6,000	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 13,000 n/a DATE DUE	0 % RATE \$ 0	\$ 6,000 10/07/16 DATE INCURRED	CALENDAR YEAR \$ 13,000 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$	6,000 \$	0 \$	13,000 \$	0		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 6,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 6,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>SEP 25, 2016</u> through <u>OCT 22, 2016</u>		CALIFORNIA FORM 460
Page <u>6</u> of <u>7</u>		
NAME OF FILER Evelyn Chua for City Council 2016		I.D. NUMBER 1384706

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Please see attached sheet (Schedule E Data)				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100..... \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

**SCHEDULE E DATA
PAYMENTS MADE**

Covers period 25 SEP thru 22 OCT 2016

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PAYEE	ADDRESS OF PAYEE				CODE or	DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP			PAID
FACEBOOK (446NBAN5F)	1601 S California Ave	Palo Alto	CA	94304	WEB	Facebook marketing (social media presence)	\$251.30
MILPITAS POST	59 Marylinn Dr	Milpitas	CA	95035	PRT	Newspaper ad	\$342.00
COPYWORLD INC.	1375 University Ave	Berkeley	CA	94702	LIT	copying/printing	\$1,010.33
THE UPS STORE 46SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	LIT	mailing	\$652.50
USPS 0568340002 SAN JOSE CA	1750 Lundy Ave	San Jose	CA	95101	POS	Bulk permit	\$215.00
USPS 0568340002 SAN JOSE CA	1750 Lundy Ave	San Jose	CA	95101	POS	Postage	\$2,256.26
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$400.00
Prima Mail	180 Lewis Rd	San Jose	CA	95111	POS	Postcard mailers	\$750.38
MILPITAS POST	59 Marylinn Dr	Milpitas	CA	95035	PRT	Newspaper ad	\$872.10

TOTAL (>\$100)	\$6,749.87
Miscellaneous expenses (<\$100; food and supplies, etc)	\$306.98
TOTAL EXPENSES	\$7,056.85

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER EVELYN CHUA		Date of This Filing 10-21-16	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-728-2436	I.D. NUMBER (if applicable) 1384706	Report No. 4	City Clerk's Office OCT 24 2016 RECEIVED	
STREET ADDRESS 929 COVENTRY WAY		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY MILPITAS	STATE CA	ZIP CODE 95035		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10-21-16	EVELYN CHUA 929 COVENTRY WAY MILPITAS, CA-95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input checked="" type="checkbox"/> Check if Loan \$2,000.00 Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

**Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (Jul/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER EVELYN CHUA		Date of This Filing 10-6-16	Date Stamp City Clerk's Office OCT - 7 2016 RECEIVED	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408 728-2436	I.D. NUMBER (if applicable) 1384706	Report No. 3		
STREET ADDRESS 929 COVENTRY WAY		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY MILPITAS, CA.	STATE CA.	ZIP CODE 95035	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
7 10-6-16	EVELYN CHUA 929 COVENTRY WAY MILPITAS, CA. 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input checked="" type="checkbox"/> Check if Loan \$5,000.00 Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

****Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
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 SCC - Small Contributor Committee

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER EVELYN CHUA		Date of This Filing 9-29-16	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 408-728-2436	I.D. NUMBER (if applicable) 1384706	Report No. 2	City Clerk's Office SEP 29 2016 RECEIVED	
STREET ADDRESS 929 COVENTRY WAY		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY STATE ZIP CODE		No. of Pages 1		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/25/16	EVELYN CHUA 929 COVENTRY WAY MILPITAS, CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OPERATIONS ANALYST SILICON VALLEY BANK	<input checked="" type="checkbox"/> Check if Loan \$1,000.00 Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

**Contributor Codes

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Reason for Amendment: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER EVELYN CHUA		Date of This Filing 9-29-16	Date Stamp SEP 29 2016	CALIFORNIA FORM 497 For Official Use Only City Clerk's Office RECEIVED
AREA CODE/PHONE NUMBER 408-728-2436	I.D. NUMBER (if applicable) 1384706	Report No. 1		
STREET ADDRESS 929 COVENTRY WAY		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY MILPITAS, CA	STATE CA	ZIP CODE 95035	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/15/16	EVELYN CHUA 929 COVENTRY WAY MILPITAS, CA. 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OPERATIONS ANALYST SILICON VALLEY BANK	<input checked="" type="checkbox"/> Check if Loan \$2,000.00 Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

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Reason for Amendment: _____

Recipient Committee
Campaign Statement
Cover Page

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CALIFORNIA
FORM 460

Date Stamp

City Clerk's Office

SEP 29 2016

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Page 1 of 4

For Official Use Only

Statement covers period
from JAN 1, 2016

through JUN 30, 2016

Date of election if applicable:
(Month, Day, Year)

Nov 8, 2016

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

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☐ Sponsored

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☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement

☐ Semi-annual Statement

☐ Termination Statement
(Also file a Form 410 Termination)

☒ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

1. Correct Summary Page, line 19, Outstanding Debts, amount.

2. Provide missing occupation/employer info in Schedule B

3. Committee Information

I.D. NUMBER
1384706

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Evelyn Chua for City Council 2016

STREET ADDRESS (NO P.O. BOX)

929 Coventry Way

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408.728.2436

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

same as above

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

chua4evelyn@gmail.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Illoreta

MAILING ADDRESS

782 Canada Dr

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 408.946.6438

NAME OF ASSISTANT TREASURER, IF ANY

not applicable

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

Sep 28, 2016

Date

Executed on

Sep 28, 2016

Date

Executed on

Date

Executed on

Date

By

Arsenio R Illoreta

Signature of Treasurer or Assistant Treasurer

By

Evelyn Chua

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

EVELYN CHUA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL, CITY OF MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

929 COVENTRY WAY MILPITAS CA 95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

not applicable

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

not applicable

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

not applicable

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

Statement covers period
from JAN 1, 2016
through JUN 30, 2016

CALIFORNIA
FORM 460

Page 3 of 4

I.D. NUMBER

1384706

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 2,320.00	\$ 2,320.00
2. Loans Received..... Schedule B, Line 3	\$ 5,000.00	\$ 5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7,320.00	\$ 7,320.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 7,320.00	\$ 7,320.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 3,817.04	\$ 3,817.04
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3,817.04	\$ 3,817.04
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,817.04	\$ 3,817.04

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts..... Column A, Line 3 above	\$ 7,320.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 117.50
15. Cash Payments..... Column A, Line 8 above	\$ 3,817.04
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3,620.46

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
--	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 5,000.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>JAN 1, 2016</u> through <u>JUN 30, 2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>4</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER

1384706

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Evelyn Chua 929 Coventry Way Milpitas CA 95035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations analyst Silicon Valley Bank	\$ _____	\$ <u>1,000</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1,000</u> DATE DUE _____	_____% RATE \$ _____	\$ <u>1,000</u> <u>4/7/16</u> DATE INCURRED	CALENDAR YEAR \$ <u>1,000</u> PER ELECTION** \$ _____
Evelyn Chua 929 Coventry Way Milpitas CA 95035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations analyst Silicon Valley Bank	\$ _____	\$ <u>4,000</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>4,000</u> DATE DUE _____	_____% RATE \$ _____	\$ <u>4,000</u> <u>5/23/16</u> DATE INCURRED	CALENDAR YEAR \$ <u>4,000</u> PER ELECTION** \$ _____
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$			5,000 \$	0 \$	5,000 \$	0		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 5,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 5,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from JUL 1, 2016
through SEP 24, 2016

Date of election if applicable:
(Month, Day, Year)

Nov 8, 2016

Date Stamp
City Clerk's Office
SEP 29 2016
RECEIVED

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1384706

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Evelyn Chua for City Council 2016

STREET ADDRESS (NO P.O. BOX)

929 Coventry Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408.728.2436

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

chua4evelyn@gmail.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Illoreta

MAILING ADDRESS

782 Canada Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	408.946.6438

NAME OF ASSISTANT TREASURER, IF ANY

not applicable

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sep 28, 2016

Date

Executed on SEPT. 28, 2016

Date

Executed on _____

Date

Executed on _____

Date

By Arsenio R Illoreta

Signature of Treasurer or Assistant Treasurer

By Evelyn Chua

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

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www.fppc.ca.gov

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

EVELYN CHUA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL, CITY OF MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

929 COVENTRY WAY MILPITAS CA 95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

not applicable

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

not applicable

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

not applicable

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period from JUL 1, 2016 through SEP 24, 2016	CALIFORNIA FORM	460
	Page <u>3</u> of <u>8</u>	

NAME OF FILER
EVELYN CHUA FOR CITY COUNCIL 2016

I.D. NUMBER
FPPC # 1384706

Contributions received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections - NOT APPLICABLE
1. Monetary contributions..... <i>Schedule A, Line 3</i>	\$2,505.00	\$4,825.00	
2. Loans received..... <i>Schedule B, Line 3</i>	\$2,000.00	\$7,000.00	
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$4,505.00	\$11,825.00	
4. Nonmonetary contributions..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$4,505.00	\$11,825.00	
Expenditures made			Expenditure Limit Summary for State Candidates - NOT APPLICABLE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$6,474.99	\$10,292.03	
7. Loans Made..... <i>Schedule H, Line 3</i>	\$0.00	\$0.00	
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$6,474.99	\$10,292.03	
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$0.00	\$0.00	
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$0.00	\$0.00	
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$6,474.99	\$10,292.03	
Current Cash Statement			
12. Beginning cash balance..... <i>Previous Summary Page, Line 16</i>	\$3,620.46		
13. Cash receipts..... <i>Column A, Line 3 above</i>	\$4,505.00		
14. Miscellaneous Increases to Cash... <i>Schedule I, Line 4</i>	\$0.00		
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$6,474.99		
16. ENDING CASH BALANCE..... <i>Add Lines 12+13+14, then subtract Line 15</i> <i>If this is a termination statement, Line 16 must be zero.</i>	\$1,650.47		
17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>			
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents..... <i>See instructions on reverse</i>	\$0.00		
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$7,000.00		

To calculate Column B, add
amounts in column A to the
corresponding amounts from
column B of your last report.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from JUL 1, 2016
through SEP 24, 2016

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER

1384706

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Please see attached sheet (Schedule A data)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL \$ _____

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Covers 1 JUL through 24 SEP 2016

page 5 of 8

							Con			Amount	Cum-to	Per
							tri			Rec'd	-date	Election
Date	Full Name		Address and Zip Code				butor			This	CY Jan 1	to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
7/24/2016	Trinidad	Aoalin	542 Hamilton Ave	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
7/24/2016	Welyn	Bui	21204 Sullivan Way	Saratoga	CA	95070	IND	Consultant	Self-employed	\$250.00	\$250.00	\$250.00
7/24/2016	Gloria	Cacao	924 Coyote St	Milpitas	CA	95035	IND	Homemaker		\$250.00	\$250.00	\$250.00
7/24/2016	Belen	Daquigan	454 Clauser Dr	Milpitas	CA	95035	IND	Retired		\$100.00	\$100.00	\$100.00
8/23/2016	Reynaldo	Lingad	239 Tiny St	Milpitas	CA	95035	IND	Retired		\$250.00	\$250.00	\$250.00
8/23/2016	Divina	Lingad	239 Tiny St	Milpitas	CA	95035	IND	Zumba instructor	Self-employed	\$250.00	\$250.00	\$250.00
6/29/2016	Rajeev	Madnawat	1431 Arizona Ave	Milpitas	CA	95035	IND	Attorney	NXP Semiconductors	\$250.00	\$250.00	\$250.00
7/24/2016	Angel	Reyes	1448 Caliente Way	San Jose	CA	95132	IND	Mail Carrier	Campbell Post Office	\$250.00	\$250.00	\$250.00
7/24/2016	Lerma	Reyes	1448 Caliente Way	San Jose	CA	95132	IND	Accountant	Newport Meat Company	\$250.00	\$250.00	\$250.00

1	Amount received this period - itemized monetary contributions	\$1,950.00
2	Amount received this period - unitemized monetary contributions of less than \$100	\$555.00
3	Total monetary contributions received this period	\$2,505.00

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>JUL 1, 2016</u> through <u>SEP 24, 2016</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER

1384706

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Evelyn Chua 929 Coventry Way Milpitas CA 95035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Operations analyst Silicon Valley Bank	\$ 5,000	\$ 2,000	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 7,000 n/a DATE DUE	0 % RATE \$ 0	\$ 2,000 08/15/16 DATE INCURRED	CALENDAR YEAR \$ 7,000 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS		\$	2,000 \$	0 \$	5,000 \$	0		

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 2,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 2,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	JUL 1, 2016	
through	SEP 24, 2016	Page <u>7</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER

1384706

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Please see attached sheet (Schedule E Data)				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100..... \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

**SCHEDULE E DATA
PAYMENTS MADE**

Covers period 1 JUL thru 24 SEP 2016

Page 8 of 8

PAYEE	ADDRESS OF PAYEE				CODE or	DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP			PAID
CASA AZTECA RESTAURANT	20 N Abel St	Milpitas	CA	95035	FND	Meet and Greet food	\$170.00
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$300.00
THE UPS STORE 46 SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	POS	Glossy postcards mailing	\$543.75
ULINE SHIPPING SUPPLIES	2501 S Lakeside Dr	Waukegan	IL	60085	LIT	Doorknob bags (clear)	\$101.31
FACEBOOK (JA884AW5F)	1601 S California Ave	Palo Alto	CA	94304	WEB	Facebook marketing (social media presence)	\$250.31
City of Milpitas	455 E Calaveras Blvd	Milpitas	CA	95035	FIL	Ballot statement	\$1,900.00
ULINE SHIPPING SUPPLIES	2501 S Lakeside Dr	Waukegan	IL	60085	LIT	Doorknob bags (clear)	\$192.90
Welyn Bui	21204 Sullivan Way	Saratoga	CA	95070	FND	Food: fundraising picnic	\$551.33
THE UPS STORE 46 SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	POS	Glossy postcards mailing	\$326.25
FACEBOOK (P8TCCAS5F)	1601 S California Ave	Palo Alto	CA	94304	WEB	Facebook marketing (social media presence)	\$129.05
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$300.00
ULINE SHIPPING SUPPLIES	2501 S Lakeside Dr	Waukegan	IL	60085	LIT	Doorknob bags (clear)	\$132.18
STAPLES	627 E Calaveras Blvd	Milpitas	CA	95035	LIT; OFC	paper; envelopes	\$177.15
THE UPS STORE 46 SANTA CLARA CA	2784 Homestead Rd	Santa Clara	CA	95051	POS	Glossy postcards mailing	\$802.58
Daniel Lazo	3156 Gawain Dr	San Jose	CA	95127	LIT	Graphics on Facebook, other campaign materials	\$300.00

TOTAL (>\$100)	\$6,176.81
Miscellaneous expenses (<\$100; food and supplies, etc)	\$298.18
TOTAL EXPENSES	\$6,474.99

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp	CALIFORNIA FORM 460
City Clerk's Office JUL 29 2016 RECEIVED	Page <u>1</u> of <u>9</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JAN 1, 2016</u> through <u>JUN 30, 2016</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 8, 2016</u>
---	---

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1384706

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Evelyn Chua for City Council 2016

STREET ADDRESS (NO P.O. BOX)

929 Coventry Way

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>CA</u>	<u>95035</u>	<u>408.728.2436</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

same as above

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

chua4evelyn@gmail.com

Treasurer(s)

NAME OF TREASURER

Arsenio R Iloreta

MAILING ADDRESS

782 Canada Dr

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Milpitas</u>	<u>CA</u>	<u>95035</u>	<u>408.946.6438</u>

NAME OF ASSISTANT TREASURER, IF ANY

not applicable

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

ariloreta@aol.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Jul 28, 2016
Date

Executed on Jul 28, 2016
Date

Executed on _____
Date

Executed on _____
Date

By Arsenio R Iloreta
Signature of Treasurer or Assistant Treasurer

By Evelyn Chua
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 9

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

EVELYN CHUA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL, CITY OF MILPITAS

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

929 COVENTRY WAY MILPITAS CA 95035

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

not applicable

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

not applicable

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

not applicable

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

Statement covers period
from JAN 1, 2016
through JUN 30, 2016

CALIFORNIA
FORM **460**

Page 3 of 9

I.D. NUMBER

1384706

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 2,320.00	\$ 2,320.00
2. Loans Received..... Schedule B, Line 3	\$ 5,000.00	\$ 5,000.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 7,320.00	\$ 7,320.00
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 7,320.00	\$ 7,320.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made..... Schedule E, Line 4	\$ 3,817.04	\$ 3,817.04
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 3,817.04	\$ 3,817.04
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 3,817.04	\$ 3,817.04

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
13. Cash Receipts..... Column A, Line 3 above	7,320.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	117.50
15. Cash Payments..... Column A, Line 8 above	3,817.04
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3620.46

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
--	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ 0
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>JAN 1, 2016</u> through <u>JUN 30, 2016</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>9</u>		
NAME OF FILER Evelyn Chua for City Council 2016		I.D. NUMBER 1384706

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Please see attached sheet (Schedule A Data)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ _____
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

***Contributor Codes**
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

SCHEDULE A DATA
MONETARY CONTRIBUTIONS RECEIVED

Covers 1 JAN through 30 JUN 2016

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Date	Full Name		Address and Zip Code				Con tri but or			Amount Rec'd This	Cum-to -date CY Jan 1	Per Election to date
Received	FirstName	LastName	Street	City	State	ZIP	Code	Occupation	Employer	Period	- Dec 31	(if reqd)
5/5/2016	Illuminada	Cacao	386 Martil Way	Milpitas	CA	95035	IND	Real Estate	Self-employed	\$100.00	\$100.00	\$100.00
5/21/2016	Jenevee	Chen	19 Bristol Cir	Salinas	CA	93906	IND	Registered Nurse	NMC	\$250.00	\$250.00	\$250.00
5/15/2016	Cora	Daniels	400 Los Encinos Ave	San Jose	CA	95134	IND	Clerk Specialist	Regional Medical Center	\$100.00	\$100.00	\$100.00
4/24/2016	Susan	Esteves	825 Canada Dr	Milpitas	CA	95035	IND	Homemaker	n/a	\$250.00	\$250.00	\$250.00
4/25/2016	Lily	Fan	48611 Flagstaff Rd	Fremont	CA	94539	IND	CPA	Self-employed	\$100.00	\$100.00	\$100.00
5/1/2016	Erlinda	Milanes	263 Carnegie Dr	Milpitas	CA	95035	IND	Cleaning Services	Self-employed	\$100.00	\$100.00	\$100.00
6/9/2016	Carmen	Montano	369 Summerfield Dr	Milpitas	CA	95035	IND	Vice Mayor	City of Milpitas	\$250.00	\$250.00	\$250.00
5/30/2016	Erlinda	Reyes	3367 Pinnacle Dr	San Jose	CA	95132	IND	Pediatrician	SJ Regional Med Center	\$250.00	\$250.00	\$250.00
4/23/2016	Luisa	Sibelius	1773 Fallen Leaf Dr	Milpitas	CA	95035	IND	Accountant	Mass Precision	\$100.00	\$100.00	\$100.00
4/24/2016	Esteves for Mayor 2014 FPPC# 1323566		825 Canada Dr	Milpitas	CA	95035	COM			\$250.00	\$250.00	\$250.00
4/4/2016	Fashioned Completely		47952B Warm Springs Blvd	Fremont	CA	94539	OTH			\$120.00	\$120.00	\$120.00

1	Amount received this period - itemized monetary contributions	\$1,870.00
2	Amount received this period - unitemized monetary contributions of less than \$100	\$450.00
3	Total monetary contributions received this period	\$2,320.00

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>JAN 1, 2016</u> through <u>JUN 30, 2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER

1384706

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Evelyn Chua 929 Coventry Way Milpitas CA 95035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ <u>1,000.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>1,000.00</u> DATE DUE _____	_____% RATE \$ <u>0</u>	\$ <u>1,000</u> <u>4/7/16</u> DATE INCURRED	CALENDAR YEAR \$ <u>1,000</u> PER ELECTION** \$ _____
Evelyn Chua 929 Coventry Way Milpitas CA 95035 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ <u>4,000.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ <u>4,000.00</u> DATE DUE _____	_____% RATE \$ _____	\$ <u>4,000</u> <u>5/23/16</u> DATE INCURRED	CALENDAR YEAR \$ <u>4,000</u> PER ELECTION** \$ _____
 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$	\$ <u>5,000.00</u>	\$	\$ <u>0</u>	\$	\$ <u>5,000.00</u>	\$ <u>0</u>

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 5,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 5,000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>JAN 1, 2016</u> through <u>JUN 30, 2016</u>	CALIFORNIA FORM 460
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	I.D. NUMBER 1384706

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Evelyn Chua for City Council 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Please see attached sheet (Schedule E Data)			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100..... \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** _____

**SCHEDULE E DATA
PAYMENTS MADE**

PAYEE	ADDRESS OF PAYEE				CODE or	DESCRIPTION OF PAYMENT	AMOUNT
	STREET	CITY	STATE	ZIP			PAID
4 Printings	1205 W. El Camino Real	Sunnyvale	CA	94087		Envelope remit 2 sided black ink (500)	\$184.88
Island Pacific Supermarket	2115 Morrill Avenue	San Jose	CA	95132		Filipino Dishes for Get Together	\$141.36
Super Cheap Signs	9200 Waterford Centre Blvd Suite 100	Austin	TX	78758		18X24, 2 Sides, 3 Color (10)and Standard Wire Stakes (10)	\$179.11
Vistaprint Netherland BV	275 Wyman Street	Waltham	MA	02451		Standard Business Cards (10000)	\$117.46
The UPS Store - #4636	2784 Homestead Road	Santa Clara	CA	95051		4x6 glossy postcards (5000)	\$271.88
Vistaprint Netherland BV	275 Wyman Street	Waltham	MA	02451		Basic T-shirt white (9)	\$112.46
Super Cheap Signs	9200 Waterford Centre Blvd Suite 100	Austin	TX	78758		18x24, 2 Sides, 3 Color (500)	\$1,399.40
Super Cheap Signs	9200 Waterford Centre Blvd Suite 100	Austin	TX	78758		Standard wire stakes (500)	\$430.66
Nadine Tadeo	4201 Norwalk Drive DD#204	San Jose	CA	95129		Website construction, upgrades, edits, face to face meetings	\$540.00

TOTAL (>\$100) \$3,377.21

Miscellaneous expenses (<\$100; food and supplies, etc) \$439.83

TOTAL EXPENSES \$3,817.04

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from JAN 1, 2016
through JUN 30, 2016

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Evelyn Chua for City Council 2016

I.D. NUMBER
1384706

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
5/5/2016	Vistaprint Netherland BV 275 Wyman Street Waltham, MA 02451	Refund from Vista Print	31.08
5/5/2016	Vistaprint Netherland BV 275 Wyman Street Waltham, MA 02451	Refund from Vista Print	86.42

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 117.50

Schedule I Summary

- Itemized increases to cash this period. \$ 117.50
- Unitemized increases to cash of under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 117.50